

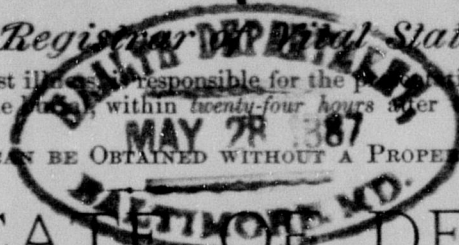
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 41 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 27th 1887

Full Name of Deceased, Wm S Jenkins {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 1 Years, 11 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, Single {Cross out the words not required in this line.}

Occupation, Baltimore

Birth Place, Baltimore {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, All his life

Place of Death, 1314 Calhoun St {Give Street and Number.}

Cause of Death, {First (Primary), Dysentery
Second (Immediate), Diarrhea}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 28th 1887

Undertaker, Wm S. Macher {Signature of Medical Attendant, M. D.}

Place of Business, Camden & Tenth Address, 518 Haymarket

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. *A. 4*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

A Health Department, City of Baltimore.

Permit No. *42*

Office of Registrar of Vital Statistics.

Ward *18*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 26th 1887*

Full Name of Deceased, *Marcella Robinson*
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *62* Years, *White* Months, *18* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Irish*

Birth Place, *Ireland*
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *38 Years*

Place of Death, *208 Rockholm St*
{ Give Street and Number. }

Cause of Death, *apoplexy*
{ First (Primary), Second (Immediate), }
Paralysis

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician.

Place of Burial, *St Peters Cem*

Date of Burial, *May 30th 1887*

{ Undertaker, *E. F. Krause & Son* M. D.

Medical Attendant.

{ Place of Business, *703 Hanover* Address, *578 Hanover St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 43.

Office of Registrar of Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27, 1887

Full Name of Deceased, Missie M. Kentley
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 1 Months, 12 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 164 Dolphin St

Place of Death, Group
{ Give Street and Number. }

Cause of Death, Two days
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie's Bros. Co.

Date of Burial, May 28th 1887.

Undertaker, Henry M. Ginn

Place of Business, 4200 W. Central

B. B. Browne M. D.

Medical Attendant.

Address, 1218 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

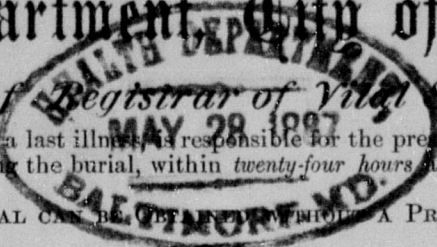
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 414 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 26 1887
Full Name of Deceased, John Jackson
Sex, Male or Female, Male
Age, 50 Years, _____ Months, _____ Days.
Color, Black

Married, Single, Widow or Widower, _____
Occupation, Brick maker Oysterman
Birth Place, V-A

Duration of Residence in the City of Baltimore, _____
Place of Death, City Hospital
Cause of Death, Amurion (Aorta)
Dyspnoea

Duration of Last Sickness, _____
All the above information should be furnished by the Physician.
Place of Burial, Sharp Cemetery
Date of Burial, May 29th 1887
{ Undertaker, Sam W Chase } J.R. Bonner M. D.
Place of Business, 41 S. Howard St Address, City Hospital Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.
[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 45 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday May 27th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levi S. B. Thompson
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 63 Years, Months, ✓ Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Sole maker
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.
Duration of Residence in the City of Baltimore, Life time
Place of Death, { Give Street and Number. } 1518 E. Biddle St
Cause of Death, { First (Primary), Cancer of Pyloric End of Stomach. (Promoted by Post Mortem)
Second (Immediate), Inanition, Exhaustion,
Duration of Last Sickness, One Year.
All the above information should be furnished by the Physician.
Place of Burial, Balto Cemetery
Date of Burial, May 30th
{ Undertaker, Geo Schilling Wilmer Bennett M. D. Medical Attendant.
Place of Business, Ashland Square Address, Chas St & corner Placer

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. A 46

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 46 Office of Registrar of Vital Statistics.Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within one hour after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1887Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry C. MuellerSex, Male ~~or Female~~ { Cross out the word not required in this line. }Age, 66 Years, 4 Months, 11 Days.Color, WhiteMarried, ~~Single, Widows or Widower~~ { Cross out the words not required in this line. }Occupation, Grocer & Lyon Dealer,
Germany.Birth Place, { State or country, and how long in the United States, if of foreign birth. }Duration of Residence in the City of Baltimore, 40 yearsPlace of Death, { Give Street and Number. } Cor Cross St & Ohio StCause of Death, { First (Primary), Second (Immediate), } Cancer of the neck,Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemDate of Burial, May 30th 1887 R. J. N. Tall. M. D.{ Undertaker, Julius Koehler

Medical Attendant.

{ Place of Business, Sharp Cross St Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for Burial, to

170.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 47 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26 May 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philipp Ruhn

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 42 Years, — Months, ✓ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, plumber

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany. 23 years M.F.

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give Street and Number. } Sapafra St #43

Cause of Death, { First (Primary), Second (Immediate), } Bright's disease
Convulsions

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 29th 1887

{ Undertaker, Julius Koehler A. E. Prinkard M. D.

Medical Attendant.

{ Place of Business, Sharp & Cross St Address, 920 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

No. 248

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 48 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th, 1887.Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caspar MillerSex, Male or ~~Female~~, { Cross out the word not required in this line. }Age, 71 Years, 1 Months, 18 DaysColor, White~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓Occupation, LaborerBirth Place, { State or country, and how long in the United States, if of foreign birth. } Germany - about 40 yrs in U.S.Duration of Residence in the City of Baltimore, About 40 yrs.Place of Death, { Give Street and Number. } old No. 114 Fort AveCause of Death, { First (Primary), Second (Immediate), } jaundice, (I have not seen patient for 3 weeks)Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mound Obedient CemDate of Burial, May 29th 1887{ Undertaker, Julius Kachler Robert E. Rowe M. D. Medical Attendant.{ Place of Business, Shayes Cross St Address, 1125 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1147

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 49

Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Jawaski

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 13 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give Street and Number. } 1215 Hare St

Cause of Death, { First (Primary), Second (Immediate), }

Dysentery

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 29th 87

{ Undertaker, E. P. France

{ Place of Business, Frank & Wolf Address, 914 Canton St

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1258

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 57 Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mattieu Perodi

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, — Months, — Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Confectioner

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, do not know

Place of Death, { Give Street and Number. } 109 E. Pratt St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, May 30th

Undertaker, W. D. Rippet D. J. Scaup M. D.
Medical Attendant.

Place of Business, 151 S. Bond Address, Franklin Center

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]